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# Estimated number of persons with disabilities in U.S. needing AOD treatment services in 1999: from the AOD research perspective

#### Estimate – needing tx with disabilities 396,000 – 660,000

(based on assumption that persons with disabilities equally likely to experience SUD than general population, and averaging disability population prevalence from U.S. Census, S.I.P.P., U.S. Dept. of Education)

-OR-

#### Estimate – needing tx with disabilities 903,000 - 1,505,000

(based on observed rate of recorded disability in NY OASAS 1999 treatment episode dataset = 0.301)

# Treatment Barriers for Persons with Disabilities

- Attitudinal
- Discriminatory policies, practices
- Communication barriers
- Architectural barriers

#### **AOD Treatment Denials**

- 1. Individual with seizure disorder and history of traumatic brain injury denied residential treatment while taking prescribed anti-convulsant, Phenobarbital.
- 2. Man with Cystic Fibrosis denied residential treatment for severe alcoholism due to medical condition. Judge kept him in jail rather than release to unsupervised setting.
- Individual with brain injury and mild mental retardation discharged from treatment for non-compliance after 3 hours attendance. Client became agitated about toothbrush, and staff would not honor client request to ascertain that toothbrush was packed in his luggage.
- 4. Person with severe traumatic brain injury and compulsive behaviors denied "severe and persisting mental illness" status in county funded program, thereby disallowing eligibility for only long term residential support program in area with sufficient case management to stabilize his housing.

#### **AOD Treatment Denials**

- 5. Young man with work and alcohol-related blindness denied treatment because of his visual impairment. Told to wait "one year then come back when your vision improves".
- 6. Client with mild mental retardation and late stage alcoholism denied residential treatment because of medical problems requiring regular visits by nurse or visits to clinic.
- 7. Individual with lower extremity paralysis denied residential treatment because he would need assistance in transferring to bed at night, and would require minimal personal assistant services. Also denied because he would not be able to do required "housework", a component of treatment.
- 8. Person who is deaf was provided with \$40,000 of interpreter services during course of outpatient treatment. Treatment took place without benefit of other Deaf persons, or Deaf recovery models. No aftercare provided. Individual is reported to have relapsed relatively soon after treatment.

#### CAM Program:

a community-based outpatient chemical dependency treatment program operated by University Medical Services
Association and Wright State University

#### CAM Program Components

Individualized Assessment

Case Management

**Vocational Services** 

**Individual Counseling** 

**Group Counseling** 

Toxicology

Women's Health and Sobriety

# CAM Program Components Vocational

Individualized Assessment

Sobriety for Vocational Success

Case Coordination

Monitoring

Work related relapse risk assessment

#### Philosophical underpinnings of CAM

#### Rehabilitation model

- Holistic
- Interdisciplinary
- Focused on function
- Consumer friendly
- Employment integral

## Consumer Advocacy Model Disability Status of Selected CAM Participants

Case #503	Visual Impairment, Sickle Cell Anemia,
	Traumatic Brain Injury x2

Case #539 Ocular histoplasmosis, Depression, Anxiety, Arthritis, Glaucoma

Case #563 Traumatic Brain Injury, Spinal Cord Injury, Colostomy & Urostomy Bags

Case #571 Seizure Disorder, Major Depression, PTSD, Major Depressive Disorder

Case #587 HIV Positive, Generalized Anxiety
Disorder with Panic Attacks

Case #605 Seizure Disorder, Hepatitis C,

Deaf - left ear

### **Examples of AOD Treatment Accommodations**

- Supportive seating for treatment rooms
- Handrails
- Portable dry-erase board/ or a dry-erase boards
- Street level door opener for clients to let themselves in
- Accessible elevator and buttons
- Mark level changes in floor areas that are hazardous
- Clear/sand snow and ice outside building
- Adjustable, portable small tables for assessment

**Facilities Related** 

### **Examples of AOD Treatment Accommodations**

- Braille, large print, or tape documents
- Shorter sessions, more individual or case manag't
- Pocket talker, tape recorder, TV/VCR
- Microphone with amplifier to pass to group participants
- Shorter intakes
- Memory books
- Picture cards that present educational concepts
- Simplified or extended treatment plan

Program or treatment oriented

#### Aftercare Needs

support groups family, friend support maintain contact and revise sobriety plan importance of work in recovery very specific plans and dates active participation of client in setting goals medication and/or medical care